

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Nakanishi for Assembly 2002		Date of This Filing 10/23/2002	RECEIVED Date Stamp OCT 24 AM 8:41 CITY CLERK CITY OF LODI	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 209/358-0843	I.D. NUMBER (if applicable) 1239474	Report No. 93		
STREET ADDRESS 1812 W. Kettleman Lane, # 3		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Lodi, CA	STATE CA	ZIP CODE 95242		
No. of Pages 1				

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/22/2002	Dial Medical Services Corp dba Pro-Care Home Health Services 7880 Alta Valley Way, Ste. # 103 Sacramento, CA 95823	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____